## STATE PLAN UNDER TITLE XIX OF SOCIAL SECURITY ACT State South Carolina

#### PROFESSIONAL AND MEDICAL SUPPORTING STAFF

### BUREAU OF HEALTH SERVICES

HHSFC MANAGER VI: Oversees the development, management and administration of the eligibility policies and the preventive, primary and acute care health services programs. Responsibilities include recommending and implementing policies, standards and procedures that impact on programs, services, and other governmental and private sector entities; supervising management staff; guiding, evaluating and motivating and establishing and maintaining an effective organizational structure. Match: 100% MED. ADMIN.

<u>PROGRAM INFORMATION COORDINATOR I:</u> Assists in developing, organizing and coordinating systems for providing program information for the Bureau of Health Services in the management and administration of the Medicaid program. Provides administrative assistance to Bureau Chief of Health Services in planning and directing routine administrative activities for a staff of professional and clerical personnel. Match: 100% MED. ADMIN.

ADMINISTRATIVE ASSISTANT I: To provide administrative management and support to the Bureau Chief and all divisions of the Bureau of Health Services; controller of Medicaid documents and written material for the divisions. Ensures that policy, procedures and regulations are distributed to appropriate staff and readily accessible to all agency staff as needed. Match: 100% MED. ADMIN.

# THE DIVISION OF PHARMACY SERVICES, DURABLE MEDICAL EQUIPMENT AND LEGISLATIVE LIAISON:

MEDICAID DIVISION DIRECTOR: Independently manages and directs under limited supervision the Division of Pharmaceutical Services, Durable Medical Equipment and Legislative Liaison. Analysis and evaluates broad health and human issues, policy program development, budget forecasting and management, and briefs executive management on program, policy, legislative and regulatory issues. Match: 80%SPMP 20% MED. ADMIN.

MEDICAID DEPARTMENT HEAD II: Under general supervision of Director, plans, manages, and monitors pharmacy program activities (i.e., drug utilization review, drug rebate, and special authorization programs) in accordance State and Federal guidelines. Maximizes services consistent with available funding and develops innovative approaches to program services. Serves as contact person with provider groups and maintains knowledge of state and federal Medicaid regulations and guidelines as well as pharmacy regulations and practice trends. Represents department at state, regional, and national levels.

Match: 10% MMIS 90% MED. ADMIN.

SC: MA 95-014

PHARMACIST: Under general supervision of Department Head and Program Supervisor performs technical and professional tasks to maximize the pharmacy services program (i.e., formulation and development of polices, procedures and standards for program modifications) and assist with department responsibilities (i.e., rebate program, drug utilization review program, and special authorizations) resulting from the Omnibus Budget Reconciliation Act of 1990 (OBRA'90).

Match: .05% MMIS 80% SPMP .15% MED ADMIN.

MEDICAID DEPARTMENT HEAD I: Under general supervision plans, manages, and monitors activities of department in accordance with State and Federal guidelines. Maximizes services consistent with available funding and develops innovative approaches to program services. Match: 30% MMIS 70% MED. ADMIN

MEDICAID PROGRAM SUPERVISOR: Manages and directs activities for the administration of pharmacy services programs. Supervises professional staff in the development, implementation, and review revisions in health care policy. Department liaison committee representative, monitor's pricing information and other data effecting on-line changes to the drug file, and assistant to Department Head as required. Match: 100% MED. ADMIN.

MEDICAID POLICY ANALYST II (4): Serves as program representative to providers, other health professionals, and interested individuals. Disseminates policy, prepares and furnishes detailed instruction (i.e., bulletins, manuals, and claim information) to providers and others. Researches, analyzes, and responds to provider inquiries in areas of program problems and policy issues. Match: 30% MMIS 10% FAM. PLAN. 60% MED. ADMIN.

<u>ADMINISTRATIVE SPECIALIST C:</u> Directs, coordinates, and supervises the operation of general administrative service functions (i.e., bookkeeping, purchasing and personnel) for division. Match: 50% MMIS 50% MED. ADMIN.

<u>ADMINISTRATIVE SPECIALIST B:</u> Independently performs a variety of advanced secretarial or administrative duties (i.e., telephones, correspondence, data entry, and performs related duties as required) as involved in the operation of an office, department or unit. Match: 100% MED. ADMIN.

## THE DIVISION OF HOSPITAL CARE & PHYSICIAN SERVICES

HHSFC MANAGER III: Independently manages and directs under limited supervision the operations of the Division of Hospitals and Physician Services. To ensure efficient and effective administration of the Medicaid Program pertaining to hospital and physician services, including reimbursement, financing and budgeting. Match: 100% MED. ADMIN.

MEDICAID DEPARTMENT HEAD II (2): Manage and direct operations of the Department to ensure efficient and effective administration of the Medicaid Program. Develop innovative approaches to service delivery and health care financing; supervises and monitors all departmental activities.

Match: 15% MMIS 85% MED. ADMIN.

MEDICAID PROGRAM SUPERVISOR (4): Under general supervision plans, coordinates and direct activities. Assists Department Head. Manages the daily operations. Monitors budgetary impacts. Match: 50% PASR 50% MED ADMIN.

MEDICAID PROGRAM SUPERVISOR (4): Under general supervision plans, coordinates and directs activities. Assists Department Head in planning program revisions, developing health care initiatives and monitoring budgetary impacts.

Match: 50% PASR 50% MED. ADMIN.

MEDICAL SERVICES REVIEWER II (2): Daily management of assigned program(s). Provide policy and program assistance to providers. Ensure timeliness and accuracy of claims processing. Match: 20% MMIS 80% MED. ADMIN.

MEDICAID POLICY ANALYST II (11): Manages assigned physician specialties and other medical providers in accordance with Medicaid guidelines, enhancing health care services and delivery; serves as liaison, providing technical and educational assistance. Match: 30% MMIS 70% MED. ADMIN.

MEDICAID POLICY ANALYST I (2): Provides technical assistance to assigned providers, coordinating problem resolution related to claims processing and program policy. Match: 100% MED. ADMIN.

<u>DATA COORDINATOR II:</u> Manages statistical data for the department; develops, organizes and coordinates a broad range of program information for distribution both inside and outside the agency. Match: 20 MMIS, 80% MED. ADMIN.

<u>DATA COORDINATOR I (2):</u> Monitors claims for accuracy; researches and resolves edit codes to assist program staff; responds to provider inquiries and assists in department mail distribution and telephone coverage.

Match: 20% MMIS 80% MED. ADMIN.

<u>ADMINISTRATIVE SPECIALIST C:</u> To direct and coordinate the operation of office administrative management functions for the Division of Hospital and Physician Services. To indirectly supervise and assist in training clerical support staff assigned to the departments and to provide administrative support for the Division Director. Match: 100% MED. ADMIN.

<u>ADMINISTRATIVE SPECIALIST B (2):</u> Performs administrative duties to assure the efficient operation of the department. Match: 100% MED. ADMIN.

### THE DIVISION OF PRIMARY CARE

HHSFC MANAGER III: Independently manage and direct the programs and operation of the Division of Primary Care. To supervise the Department heads, to efficiently administer the Medicaid program and adapt federal and state regulations within budgetary restraints. Responsibilities include the analysis of broad health and human services issues, research, planning, policy development and implementation; budget analysis and financial management.

Match: 100% MED. ADMIN.

MEDICAID DEPARTMENT HEAD II: Under general supervision, plan, manages and monitors the program and project activities of the department, to improve access to quality care and contain costs through statewide, regional and local programs. Match: .05% MMIS 85% SPMP 10% MED. ADMIN.

MEDICAID DEPARTMENT HEAD I: Plans, manages and monitors programs and projected activities of the department in order to improve access to quality care and to contain costs through statewide, regional and local rehabilitation.

Match: 10% MMIS 90% MED. ADMIN.

MEDICAID PROGRAM MANAGER: (2) Under the supervision of the department head, supervise and manage. Increase access to care, maximize services and enhance federal financial participation, monitor contracts with other state agencies; and develop services as needed. Match: 30% MMIS 70% MED. ADMIN.

MEDICAID PROGRAM SUPERVISOR (5): Provides input and coordinates activities that support managed care program development as it relates to policy development, program design, reimbursement system and implementation.

Match: 50% MMIS 50% MED. ADMIN.

PROJECT ADMINISTRATOR (2): Supervises department staff, participates in Quality Assurance reviews. Develops, implements and directs the administration of programs, provides input and coordinates activities that support program development as it relates to policy development, program design, reimbursement systems and implementation and manages special projects.

Match: 30% MMIS 20% FAM. PLAN. 50% MED. ADMIN.

MEDICAID POLICY ANALYST II (4): Develops/manages policies and procedures for the administration of Medicaid programs and interagency coordination. Provides technical assistance to other agencies to facilitate program development and implementation. Match: 30% MMIS 10% FAM PLAN 60% MED. ADMIN.

MEDICAL SERVICES REVIEWER II (2): Manages contracts, resolves claims, participates in Quality Assurance reviews. Supervises statewide application of the Medicaid policy for designated specialty areas and maintain interactions with provider types involved in these areas. Maintains thorough understanding of the S.C. Medicaid policy in all related programs and in accordance with State and Federal guidelines. Match: 100% SPMP

MEDICAID POLICY ANALYST I (3): Provides technical assistance in developing requirements and reporting systems for monitoring expenditures and services utilization reporting, for the purpose of program evaluation and monitoring. Match: 40% MMIS 60% MED ADMIN.

PROGRAM INFORMATION COORDINATOR I: Manages data for the department including reporting systems, recipient information, management of reports and data collections. Match: 25% MMIS 75% MED. ADMIN.

<u>DATA MANAGEMENT & RESEARCH ANAL. I:</u> Does claims adjustments for providers, edits resolution of suspended claims for Maternal and Child clinics and DHEC providers, maintains spreadsheets for current administrative contract budgets, monitors quality assurance, batching, and billing activities for the contracted risk assessment keyers. Match: 30% MMIS 70% MED. ADMIN.

<u>DATA COORDINATOR I (2):</u> Serves as data manager for Division and is primary liaison with Budgets, Procurement, Fiscal, Contracts, and BIRM regarding the management of the Contract Funding Approval and Purchase Requisition processes. Match: 20% MMIS 80% MED. ADMIN.

<u>ADMINISTRATIVE SPECIALIST C:</u> Serves as primary support for Division Director and special projects staff; maintains and posts all log letters, leave reports, travel reimbursements, EPMS/PD's for all departments in the Division.

Match: 50% MMIS 50% MED. ADMIN.

<u>ADMINISTRATIVE SPECIALIST B (2):</u> Answers telephone, screens and routes calls, schedules appointments/meeting/calandar, maintains control of correspondence, types letters, reports, manuals, waiver applications etc. maintains and modifies department files. Match: 100 MED. ADMIN.

## DIVISION OF PREVENTIVE CARE

MEDICAID DIVISION DIRECTOR: Manages activities related to planning, budgeting and the administration of the Dental, Vision Care, EPSDT and Transportation programs. Develops, distributes and implements comprehensive policies and procedures. Manages program budgets exceeding \$54 million dollars.

Match: 80% SPMP 20% MED ADMIN.

MEDICAID DEPARTMENT HEAD I (2): Supervises and monitors/directs area programs. Develops program policies and procedures. Prepares budget recommendations and monitors expenditures. Oversees provider and contract monitoring and liaison activities. Acts as program representative for interagency committees, task forces and provider organizations. Match: 10% MMIS 90% MED. ADMIN.

MEDICAID PROGRAM MANAGER: Manages and monitors the Medicaid Dental, Optometric and Transportation Programs and activities. Plans activities to accomplish goals to improve the health status of Medicaid recipients by enhancing program efficiency and services within budget constraints. Supervises staff in the performance and daily operation of these programs.

Match: 30% MMIS 70% MED ADMIN.

MEDICAL SERVICES SUPERVISOR: Supervises and directs (1) compliance reviews (presently conducted by one temporary position) of agencies contracted to perform EPSDT Program case management and outreach activities and (2) "Help Desk" and information processing functions of the EPSDT Data System. Directs planning, data collection, budgeting and policy and procedure development and implementation. Match: 100% MED ADMIN.

MEDICAL SERVICES REVIEWER II: Develops EPSDT screening performance standards and monitors providers' patient records to ensure quality health care delivery and program compliance. Provides medical professional technical assistance and acts as a liaison to EPSDT screening providers regarding enrollment, program standards and payment of claims. Match: 20% MMIS 80% MED. ADMIN.

MEDICAID POLICY ANALYST I: Medicaid Policy Analyst II and I are the Provider Educational/Technical Assistant Staff: responsible for provider enrollment, training and correspondence; adjustments and check refunds; third party liability, retro eligibility and workshop/convention planning.

Match: 60% MMIS 40% MED. ADMIN.

<u>DATA COORDINATOR II:</u> Position serves as the "Help Desk" liaison for county DSS and DHEC staff for problems and questions related to the EPSDT/Transportation Data System. Includes analysis and resolution of system related problems and analysis of system output. Assists in training of and providing technical assistance to county staff and develops, maintains and updates numerous technical and non-technical reports and graphs in support of all division programs and activities. Match: 20% MMIS 80% MED. ADMIN.

<u>ADMINISTRATIVE SPECIALIST C:</u> Performs duties and functions of Office Manager for the Division of Preventive Care. Selects, trains, plans, schedules and reviews clerical support staff in the performance of duties and provides direct administrative support for the Division Director and Department Heads.

Match: 50% MMTS 50% MED. ADMIN.

<u>ADMINISTRATIVE SPECIALIST B:</u> Provides administrative support for the Division of Preventive Care. Main functions are to answer and distribute phone calls, handle incoming and outgoing mail and type correspondence.

Match: 100% MED. ADMIN.

### THE DIVISION OF ELIGIBILITY

HHSFC MANAGER III: Directs staff in policy and program development and implementation, research and planning, contract administration, monitoring and liaison activities. Match: 100% MED ADMIN.

MEDICAID DEPARTMENT HEAD I (2): Develops program implementation policies and procedures, reviews and comments on documents and training materials proposed by eligibility contractor, serves as a liaison with other agencies, contract monitoring, etc. Match: 30% MMIS 70% MED. ADMIN.

MEDICAL SERVICES SUPERVISOR: Provides policy clarification an information to community residents at large, manages several contracts for which the Division is responsible, reviews and approves expenditures for certain eligibles, assists in establishing certain claims related to income trusts, etc.

Match: 100% MED. ADMIN.

MEDICAID POLICY ANALYST II (3): Monitors policy, provides clarification and information to the community residents, assists in establishing certain claims related to income trusts, prepares policy transmittals to the eligibility determination contractor, etc. Match: 10% MMIS 90% MED. ADMIN.

MEDICAID POLICY ANALYST I: Assists in developing policies related to managed care. Assists certain agencies in establishing eligibility status of recipients. Develops and transmits policy to eligibility determination contractor. Match: 100% MED. ADMIN.

ADMINISTRATIVE SPECIALIST C: Provides secretarial support for staff of the Division. Verifies Medicaid eligibility for providers, formats correspondence and other documents prepared within the Division, prepares mass mailings, etc. Match: 100% MED. ADMIN.

## DIVISION OF MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) USER SERVICES

HHSFC MANAGER III: Directs the Division of Medicaid Management Information System (MMIS) User Services for the State Medicaid Programs information system. Match: 30% MMIS, 70% MED. ADMIN.

HHSFC MANAGER I: Manages operations and activities for the Department of Medicaid Management Information System (MMIS) User Support and Internal Audit. Match: 40% MMIS, 60% MED. ADMIN.

MEDICAID DEPARTMENT HEAD I: Administers and directs the Department of Medicaid Management Information System (MMIS) Support Systems in accordance with State and Federal regulations. Match: 35% MMIS, 65% MED. ADMIN.

MEDICAID PROGRAM MANAGER: Manages contract activities for the monitoring of the medicaid eligibility enrollment contractor's management information enrollment system. Serves on team to design, develope, test and implement new medicaid eligibility and enrollment system. Match: 25% MMIS, 75% MED. ADMIN.

MEDICAID POLICY ANALYST II: Manages, monitors and develops policies/procedures pertaining to Medicaid Management Information System (MMIS) Internal Audits and On Line Query Reporting. Match: 50% MMIS, 50% MED. ADMIN.

MEDICAID POLICY ANALYST I: Serves as Department's liaison for Medicaid Provider Enrollment. Directs certain data collection activities to ensure the Department's compliance with standards set forth in the System Performance Review. Match: 30% MMIS, 70% MED. ADMIN.

<u>DATA COORDINATOR II:</u> Serves as a liaison between Bureau of Information Resource Management and the Medicaid Management Information System users. Provides technical assistance in support of the system. Match: 50% MMIS, 50% MED. ADMIN.

<u>ADMINISTRATIVE SPECIALIST C:</u> Performs a variety of advanced secretarial and administrative duties with the Division of MMIS User Services.

Match: 100% MED. ADMIN.

## MEDICAL DIRECTOR

The Medical Director is a licensed physician who reports directly to the Deputy Director for Programs. The Medical Director provides overall advice and guidance regarding medical issues and policies for the Medicaid program. He also makes level of care decisions on complex cases for the Community Long Term Care Program. Match: 100% SPMP

#### BUREAU OF COMMUNITY SERVICES

HHSFC MANAGER VI: Administers statewide human services and health services programs, including the medicaid nursing home, home health and home and community based waiver programs. Match: 30% SSBG, 10% CCDBG, 60% MED. ADMIN.

<u>CLTC DIVISION DIRECTOR:</u> Provides direction and technical assistance in the development and implementation of medicaid long term care policies and programs. Match: 50% SPMP, 50% MED. ADMIN.

PROGRAM INFORMATION COORDINATOR I: Provides assistance to the Bureau of Community Services in routine administrative activities for a staff responsible for human services and medicaid long term care and home health programs.

Match: 35% SSBG, 15% CCDBG, 50% MED. ADMIN.

EXECUTIVE SUPPORT SPECIALIST: Provides clerical support for the Bureau of Community Services which manages both human services and medicaid programs.

Match: 60% SSBG, 10% CCDBG, 30% MED. ADMIN.

## THE DIVISION OF COMMUNITY LONG TERM CARE

HHSFC MANAGER IV: Organizes, directs and administers the Community Long Term Care (CLTC) program. Responsibilities include the analysis and evaluation of long term care issues; research and planning; policy program development; budget forecasting and management; directing 11 area offices and briefing executive management on program, policy, and legislative and regulatory issues.

Match: 100% MED. ADMIN.

HHSFC MANAGER II: Serves as Assistant Director of the CLTC Program and manages statewide operations and activities for 11 area offices. Plans, implements, and provides overall management for the area offices. Responsible for establishing, implementing, and interpreting policies and procedures as related to the CLTC Program. Match: 100% MED. ADMIN.

HHSFC MANAGER II: Develops and coordinates long term care planning, budgeting and research operations within CLTC, within the agency, and with other outside entities. Develops and analyzes long term care databases. Evaluates the special needs of long term care populations and develops innovative approaches and funding sources to meet needs. Match: 10% MMIS, 90% MED. ADMIN.

MEDICAID DEPARTMENT HEAD II (11): Coordinates, manages, and directs multi-county health and social services programs in long term care involving the implementation and coordination of a system of services for long term care clients. Match: 42% MED. ADMIN., 58% CASMGT.

HHSFC MANAGER I: Manages staff and operations for Adult Protection Coordinating Council; coordinates activities of Long Term Care Committee; analyzes trends in long term care; conducts research and special projects. Match: 100% MED. ADMIN.

MEDICAID DEPARTMENT HEAD I: Manages unit responsible for planning, development and administration of special program waivers and for the development and administration of contracting, reimbursement and provider relations activity for all CLTC programs. Match: 10% MMIS, 90% MED. ADMIN.

MEDICAID DEPARTMENT HEAD I: Plans, manages, monitors and develops policy for CLTC program activities related to Pre-Admission Screening and PASARR; supervises and/or conducts program activities for level of care determinations, HIV/AIDS, Children's PCA, Adult Cay Care Program, eligibility, and Palmetto Senior Care. Match: 20% MMIS, 80% MED. ADMIN.

MEDICAID PROGRAM SUPERVISOR: Supervises the administration of the Mental Retardation/Related Disabilities (MR/RD) and Head and Spinal Cord Injured (HASCI) Medicaid waivers for special populations served by the Department of Disabilities and Special Needs. Match: 20% MMIS, 80% MED. ADMIN.

SENIOR HUMAN SERVICES PROGRAM SPEC.: Conducts research, planning activities and develops new programs/waiver services for health and human services delivery systems; organizes and staffs multi-disciplinary groups.

Match: 100% MED. ADMIN.

<u>ADMINISTRATIVE PROGRAM ANALYST:</u> Develops, administers and coordinates the Head and Spinal Cord Injured home and community based waiver and coordinates all waiver activity with DDSN. Match: 20% MMIS, 80% MED. ADMIN.

<u>ADMINISTRATIVE PROGRAM ANALYST:</u> Develops and maintains a system of contract development, provider recruitment and support as well as an ongoing analysis and review of all program services and rate structures for the Division of CLTC. Match: 20% MMIS, 80% MED. ADMIN.

<u>ADMINISTRATIVE PROGRAM ANALYST:</u> Develops and monitors an evaluation system for review and analysis of contracted providers with CLTC; coordinates DHEC compliance reviews with CLTC field offices, DHEC and providers.

Match: 100% MED. ADMIN.

<u>PROGRAMMER ANALYST II:</u> Responsible for maintaining and coordinating CLTC Division and DIRM-related tasks for fifteen statewide CLTC offices.

Match: 10% MMIS, 90% MED. ADMIN.

ADMINISTRATIVE PROGRAM ANALYST: Coordinates the activities of the Adult Protection Coordinating Council and all committees; implements special projects for the Council and Division; conducts research; prepares reports.

Match: 100% MED. ADMIN.

ADMINISTRATIVE PROGRAM ANALYST: Develops and maintains the program's quality assurance process; analyzes quality assurance and corrective action efforts; plans and develops statewide orientation and training efforts.

Match: 100% MED. ADMIN.

PROGRAM NURSE SPECIALIST II (11): Conducts all Pre-Admission Screening (PAS) for those persons seeking Medicaid-sponsored nursing home placement, community based waivered services, and admission into Children's Personal Care Aide Program. Conducts all levels of PASARR activities. Trains and supervises other personnel in these activities. Match: 85% SPMP, 15% PASAR

MEDICAID POLICY ANALYST II: Develops and implements systems in support of the CLTC case management system (CMS); tailors system needs based on program policy; provides CMS technical support. Match: 10% MMIS, 90% MED. ADMIN.

<u>CLTC PROGRAM CONSULTANT:</u> Plans, implements, administers and directs projects or programs in the CLTC Program and service management contract(s). Performs general administrative functions for area offices related to budgets, fiscal management and personnel. Match: 100% MED. ADMIN.

CLTC PROGRAM CONSULTANT: Administers and directs the implementation of the CLTC HIV/AIDS waiver and serves as a technical consultant to CLTC staff on programmatic matters related to these waivers and Adult Day Care Program and other related programs. Match: 100% MED. ADMIN.

MEDICAL SERVICES REVIEWER II: Provides technical assistance to CLTC area staff in need of assistance during emergency situations. Administers the Children's PCA Program, providing technical assistance and training to area staff; provides technical assistance and training to area office staff on other program matters. Match: 100% SPMP

SOCIAL WORKER IV (11): Assists in the implementation of a system of case management for Medicaid eligible clients who are receiving community-based waivered services. Trains and supervises other social work personnel in case management activities; performs direct case management activities.

Match: 100% CASMGT

<u>CLTC PROGRAM CONSULTANT:</u> Provides technical assistance to CLTC area staff in need of assistance during emergency situations; assures continuity within area offices of case management, orientation of new staff, hands-on training, and overall program related efforts. Match: 100% MED. ADMIN.

SOCIAL WORKER III (37): Performs a variety of case management activities for Medicaid eligible clients who are receiving community-based waivered services. Match: 100% CASMGT